MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/534762**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3		1				
4		3		1		
5		3				
6		3		1		
7		3				
8		3		1		
9		3				
10		1		1		
11		1				
12		1		1		
13		1				
14		1		1		
15		3				
16		1		1		
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TOTAL IND.	1		1			
TOTAL DEP.	29		15			
TOTAL CLAIMS	30		16			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-1360 (REV. 11/04)